U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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3 Name and address of person filing			4 Name	, file number, and ac	ddress of labor o	rganization	
Name Thomas B Hofherr			Name	Pennsylvanıa	State Edu	cation Assoc	1ation
			Labor	Organization File Nu	ımber <u>512</u> -	.989	
P O Box, Bldg , Room No , if any			— РО 6	P O Box, Building and Room Number, if any P O Box 1724			
Street	4950 Medical Cente	r Circle	Street	400 North Th	ird Street		
City	Allentown	- <u>-</u>	City	Harrisburg			
State	Pennsylvania	ZIP Code + 4 18106	State	Pennsylvania	1	ZiP Code + 4	17105-1724
Positio	on in labor organization Re	gion Field Director	**				
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